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ATTORNEY DOCKET 450106-02621

Applicant: Kenichi NAKANISHI et al.

Appl. No.: 09/806,136

Filing Date: March 26, 2001

Entitled: RECORDING SYSTEM DATA RECORDING DEVICE, MEMORY DEVICE,
AND DATA RECORDING METHOD

Enclosed:

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| <input type="checkbox"/> Patent Application Transmittal | <input type="checkbox"/> Certificate of Express Mailing
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(_____ pages, _____ sheets of drawings) | <input type="checkbox"/> IDS |
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PATENT
450106-02621

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Kenichi NAKANISHI et al.
Serial No. : 09/806,136
For : RECORDING SYSTEM, DATA RECORDING DEVICE, MEMORY DEVICE, AND DATA RECORDING METHOD
Filed : March 26, 2001
Examiner : CHOI, Woo H.
Art Unit : 2186

MAIL STOP AF
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

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Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	20	Minus	20 =	0 x	\$18(9)	= \$0
Independent claims	4	Minus	4 =	0 x	\$86(43)	= \$0
			Total additional fee for this amendment			= \$0

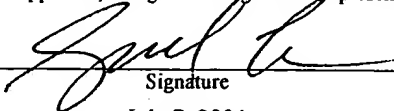
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 - Credit Card Payment Form in the amount of \$ _____ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$ _ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Samuel S. Lee, Reg. No. 42,791

(Name of Applicant, Assignee or Registered Representative)


Signature

July 7, 2004

Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)


Samuel S. Lee, Reg. No. 42,791 for

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